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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Filing Date Substitute for Form PTO-875 10/600.694 06/20/2003 To be Mailed APPLICATION AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA FEE (\$) RATE (\$) RATE (\$) FEE (\$) BASIC FEE N/A N/A N/A N/A (37 CFR 1.16(a), (b), or (c) SEARCH FEE N/A N/A N/A N/A (37 CFR 1.16(k), (i), or (m)) **EXAMINATION FEE** N/A N/A N/A N/A (37 CFR 1.16(o), (p), or (q)) **TOTAL CLAIMS** minus 20 = X \$ OR X S (37 CFR 1.16(i)) INDEPENDENT CLAIMS x s minus 3 = X S (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due ☐APPLICATION SIZE FEE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()) If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL **APPLICATION AS AMENDED - PART II** OTHER THAN SMALL ENTITY (Column 1) (Column 2) (Column 3) OR SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT ADDITIONAL ADDITIONAL 10/27/2006 RATE (\$) RATE (\$) **PREVIOUSLY AFTER EXTRA** FEE (\$) FEE (\$) **AMENDMENT** PAID FOR Total (37 CFR • 5 . 20 Minus = 0 OR X \$ X \$50= 0 • 1 Minus ***5 = 0 X \$ = X \$200= 0 (37 CFR 1.16(h)) Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J)) OR TOTAL TOTAL ADD'L OR 0 FEE FFF (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT ADDITIONAL **ADDITIONAL** RATE (\$) RATE (\$) AFTER PREVIOUSLY **EXTRA** FEE (\$) FEE (\$) AMENDMENT PAID FOR AMENDMENT Total (37 CFR Minus X S OR X S Independent (37 CFR 1.180) Minus X \$ = OR X \$ Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ji) OR TOTAL TOTAL ADD'L ADD'L * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". Brenda Webb *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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